

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90364 015 \*\*\*150.00

**DOCUMENT # P98000067016**

1. Entity Name

TANGO FEVER PRODUCTIONS, INC.

Principal Place of Business

2021 S.W. 37 AVENUE

MIAMI FL 33145-1710

Mailing Address

2021 S.W. 37 AVENUE

MIAMI FL 33145-1710

2. Principal Place of Business

1484 E. HALLANDALE

Suite, Apt., #, etc.  
 BEACH BLVD.

City & State  
 HALLANDALE, FL.

Zip  
 33009-2822

Country  
 USA

3. Mailing Address

1484 E. HALLANDALE BLVD.

Suite, Apt., #, etc.  
 BLVD.

City & State  
 HALLANDALE, FL.

Zip  
 33009-2822

Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0855727

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

NEL GIRALDE, JORGE

2021 SW 37 AVE

MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

BLOK 3 APT. 207

701 THREE ISLAND BLVD.

City  
 HALLANDALE

FL

Zip Code  
 33009-2822

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
 NAME PD  
 STREET ADDRESS GIRALDO, JORGE NEL  
 CITY-ST-ZIP 2021 S.W. 37 AVENUE  
 MIAMI FL 33145-1710 ☐ Delete

TITLE  
 NAME SD  
 STREET ADDRESS GIRALDO, JORGE  
 CITY-ST-ZIP 2021 S.W. 37 AVENUE  
 MIAMI FL 33145-1710 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME BLOK 3 APT. 207 ☒ Change ☐ Addition  
 STREET ADDRESS 701 THREE ISLAND BLVD.  
 CITY-ST-ZIP HALLANDALE, FL. 33009-2822

TITLE  
 NAME BLOK 3 APT. 207 ☒ Change ☐ Addition  
 STREET ADDRESS 701 THREE ISLAND BLVD.  
 CITY-ST-ZIP HALLANDALE, FL. 33009-2822

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)